

Foster Family Home - Corrective Action Report

Provider ID: 1-562480

Home Name: Teresita Malvar, LPN

Review ID: 1-562480-5

94-792 Kupuohi Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/27/2017

End Date: 8/04/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for change from 3 bed to 2 bed CCFFH recertification survey. Corrective action report issued during home visit with all items due to CTA by 7/27/2017.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1(a)(1)-No 2nd fingerprinting is present on CG#4, first fingerprinting done 3/26/14. No fingerprinting results present on CG#5.

Foster Family Home

Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49(a)(1)-CG#2 is not listed on 2016-2017 liability insurance.

Carrie Wakai RN
Compliance Manager

T. Malvar
Primary Care Giver

6-30-17
Date

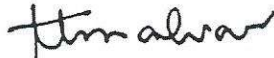
6/30/17
Date

August 2, 2017

7.1 (a)(1) CG #4 second fingerprinting completed on 07/06/2017. The home will make sure it will not lapse in the future. The home now has a special calendar to keep track of the requirements before the due date.

7.1(a)(1) CG #5 First fingerprinting result dated 12/04/2003 relocated and filed in the personnel binder. The home will make sure this is filed in the home binder at all times so this will not happen again in the future. Second fingerprinting completed on 08/01/2017. The home will now use post-its in the binder as reminders of all requirements before expiration date.

49 (a) (HHM #1 2016-2017) CG #2 initial SCG approved on 06/27/2017, added and listed in the liability insurance dated 07/25/2017.



TERESITA T. MALVAR, LPN PCG
94-792 KUPUOHI ST.
WAIPAHU, HI 96797